

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51	/		/			
2		/		/			52		/		/		
3	/		/				53		/		/		
4	/		/				54		/		/		
5	/		/				55		/		/		
6	/		/				56		/		/		
7	/		/				57		/		/		
8		/		/			58	/		/			
9		/		/			59		/		/		
10		/		/			60		/		/		
11	/		/				61			/			
12		/		/			62			/			
13		/		/			63			/			
14		/		/			64			/			
15		/		/			65						
16		/		/			66						
17		/		/			67						
18		/		/			68						
19		/		/			69						
20		/		/			70						
21		/		/			71						
22		/		/			72						
23		/		/			73						
24		/		/			74						
25	/		/				75						
26		/		/			76						
27		/		/			77						
28		/		/			78						
29	/		/				79						
30		/		/			80						
31		/		/			81						
32	/		/				82						
33		/		/			83						
34		/		/			84						
35	/		/				85						
36		/		/			86						
37		/		/			87						
38	/		/				88						
39	/		/				89						
40	/		/				90						
41		/		/			91						
42		/		/			92						
43		/		/			93						
44	/		/				94						
45		/		/			95						
46		/		/			96						
47		/		/			97						
48	/		/				98						
49		/		/			99						
50		/		/			100						
TOTAL IND.							TOTAL IND.	18		19			
TOTAL DEP.							TOTAL DEP.	35		45			
TOTAL CLAIMS							TOTAL CLAIMS	63		64			